Department of Health

2003-2004 Business Plan

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1. Mission

Through leadership and collaboration, to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

The Department of Health is committed to the ongoing improvement of our health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department:

- sets strategic direction for health services
- sets standards
- ensures availability of quality health care
- monitors, evaluates and reports on performance and outcomes
- funds health services

The Department of Health has identified three "critical to mission" criteria against which all program proposals and existing programs and services are evaluated.

Our Mission requires that health care and services in Nova Scotia be:

Integrated
An integrated health system ensures the coordination of services and allows providers to work together to improve the health status of the population.

Community-Based
A community-based health system assures input by communities in planning and identifying strategies and services to improve the health of the population and ensures that teams of providers participate in carrying out these strategies and services.

Sustainable
A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term.

The Department of Health has adopted the following corporate values and guiding principles for ethical decision-making for both internal management purposes and its relationship with health system partners.

Corporate Values of the Department of Health

Collaboration
- to foster a team-based working environment
- to seek a wide range of opinions to inform decision-making
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Integrity
- to be open and honest
- to honor our commitments

Respect
- to value the ideas of others
- to accept and value diversity

Decisiveness
- to identify and communicate a preferred option in a timely manner

Innovation
- to be creative
- to allow learning thus enabling the emergence of improved methods of service delivery

Leadership
- to act in a manner that encourages others to adhere to corporate values of the ethical environment
- to provide "vision"

Accountability
- to adhere to the obligation to report on defined expectations in a timely manner

Guiding Principles for Ethical Decision-Making

- Balance greatest good for the greatest number with targeting high risk/ disadvantaged populations.
- Equitable opportunities to achieve positive health status (outcomes) regardless of place of residence.
- Equitable quality of health services regardless of location (service may be different, but meets minimum standards).
- Evidence and research-based decision-making.
- Sustainable - plan for today's and tomorrow's needs.
- Broad perspective is considered - active community/stakeholder support is sought, decisions are not made in isolation - consider impacts across system, sectors, etc.
- Transparency - follow through on applying and communicating decision-making principles, processes and criteria.

2. Planning Context

2.1 Introduction

Through its election platform, business plans and budget, the Government of Nova Scotia has articulated a policy direction which provides an important context for the mission, strategic priorities and core business areas of the Department of Health. In its Corporate Plan for 2003-04, the Government established a vision for "a healthy prosperous, and self-sufficient Nova Scotia". The sustainability of Nova Scotia's health system is key to the Government's overall social and fiscal policy objectives.

This business plan integrates the budget of the Department of Health with its priorities for health status improvement, health care and service delivery, human resource planning and management, communications, information management, and outcomes achievement.

2.2 The Changing Context in Health Planning: Commissioner Roy Romanow and Senator Michael Kirby, and the First Ministers Accord.

In October, 2002, the Senate Committee on Social Affairs, Science and Technology, chaired by Michael Kirby, issued the final volume of his Committee's six volume report. The Romanow Commission on the Future of Health Care in Canada released its final report in late November, 2002. Both reports supported universal, publicly funded health care, and both called on the federal government to increase funding to home care, diagnostic services, prescription drugs, and primary health care. As well, both reports favored the idea of a national health council to coordinate health planning and decision making across Canada.

In terms of differences between the reports, Mr. Romanow advanced the idea of a health covenant on the principles of health care on which all provinces and territories would be signatories. Senator Kirby's Committee opted instead for a guarantee of health care access. Although both reports were supportive of the single-tiered, publicly funded health care system, the Kirby report was more supportive of an expanded role for the private sector within the publicly funded health care system.

On February 5, 2003, First Ministers agreed to a new Federal/Provincial Health Accord which provides for $34.6 billion in federal spending over a five year period beginning in 2003-2004. Starting in 2004-2005, the health portion of the CHST (cash and tax points) will be put into a separate transfer to the provinces called the Canada Health Transfer.

A new $16b Health Reform Fund is targeted to three priority reform activities:
- the expansion of new models of primary health care,
- home care and
- catastrophic drug coverage.

At approximately 3% of the Canadian population, Nova Scotia's per capita share will be approximately $475 million over five years and $30 million in 2003-2004.

For primary health care reform, First Ministers' agreed to "immediately accelerate primary health care initiatives and to make significant annual progress so that citizens routinely receive needed care from multi-disciplinary primary health care organizations or teams".

In the area of home care, First Ministers agreed to identify a basket of core home care services which are to be provided on a "first dollar basis" for short term acute home care, acute community mental health services, and palliative care. Catastrophic drug coverage is the third priority reform activity.

The federal government is also creating a diagnostic/medical equipment fund of $1.5 billion. Nova Scotia's share of this fund, assuming a per capita allocation, is approximately $45 million over a three year period.

Through the First Ministers' Accord and the federal budget of February 18, 2003, the federal commitment to the Canadian health system appears generous. However, in the face of the ongoing escalation of cost pressures from hospital and other health services, it is clear that the new federal funding commitment is inadequate to ensure ongoing sustainability.

2.3 Health Care Spending

According to the Canadian Institute for Health Information (CIHI), Nova Scotia's per capita health care expenditures are the lowest among the Canadian provinces.

Following a five year transition from the Established Programs Financing (EPF) and the Canada Assistance Plan (CAP) Programs, 2001-02 was the first year for full implementation of the equal per capita funding formula for the Canada Health and Social Transfer (CHST). If transfer payments had been maintained at the 1994-95 levels, the province would have received an additional funding amount of close to $1 billion over the six year transition period. The level of federal contribution has declined from 18% under EPF and CAP to approximately 14% of social services, education and health spending with the CHST.

2.4 Health Cost Drivers

The proportion of persons aged 65 years and over in the population has increased from 9% in 1966 to 13.6% in 2002, and is forecast to increase to 18.5% by 2016. Conversely, the proportion of the population of children and infants is decreasing (11.3% of the population in 1966, 6.8% in 1986 and is forecast to decrease to 5.1% by 2016). With an aging population, there is increasing pressure to expand the basket of publicly insured services to include, for example, home care, long term care, pharmaceuticals and health promotion activities. It is expected that the financial impact of this shift in the age of the population will not be felt until at least the mid 2020s and will likely be temporary, reflecting the constantly changing demographic landscape.[1]

[1] *Health Policy Research Bulletin*, Vol#1 Issue 1, March 2001, Health Canada

In comparison to other provinces, Nova Scotia has the:

- second highest level of years of life lost for cancer
- second highest level of years lost for respiratory illness
- third highest level of years lost for heart diseases
- highest rate of deaths due to breast cancer
- highest rate of deaths due to respiratory illness
- third highest rate of deaths due to lung cancer
- highest rate of high blood pressure
- highest rate of smokers
- highest risk of depression
- second highest rate of diabetes
- second highest risk for high life stress

Comparison of Key Health Determinants
Comparison of Nova Scotia and Canada as a Whole[2]

Indicator	**Nova Scotia**	**Canada**
Smokers as percentage of total population	28.2 %	26.0 %
Fruit & vegetable intake meeting Canada Food Guide (5-10 servings/day)	29.4 %	33.7 %
Self-report of fair or poor health	14.4 %	11.9 %
Self-report of Heart Disease	6.3 %	5.0 %
Self-report of Diabetes	5.2 %	4.2 %
Self-report of Chronic Respiratory Disease	16.3 %	14.2 %
Self-report of Mobility Disability	4.6 %	3.6 %

This extraordinary burden of illness and disability contributes to health system cost pressures.

The health care system in the province is a major employer of Nova Scotians. In fact, the health care system accounts for almost 30,000 full-time equivalents (FTEs) across the province. Health care is a labour intensive service and is sensitive to fluctuations and cost pressures associated with the labour market; specifically, the workforce of health care professionals. The health expenditure cuts for freezes occurring in the mid 1990s were achieved in part by wage cuts or freezes. Recent labour negotiations were driven in part by demand to offset the limits placed on compensation which as played a role in the recent increases in health care expenditures. Highly competitive labour markets have the potential to drive further increases in wages and other incentives.

[2]Data from the Canadian Community Health Survey; Summary Report to the District Health Authorities, 2002. All differences between Nova Scotia and Canada as a whole are statistically significant.

3. Strategic Goals

Five strategic goals have been identified by the Department of Health for 2003-2004:

Quality	Ensure development and implementation of system standards supporting quality service delivery.
Access	Facilitate the provision and promotion of equitable access to health services.
Wellness	Champion wellness for improved health status of Nova Scotians.
Accountability	Monitor, evaluate and report on clearly articulated expectations for the health system and its governance.
Sustainability	Ensure effective, efficient and equitable allocation of available resources on an ongoing basis.

4. Core Business Areas

The Department of Health has 7 Core Business Areas:

- Population Health and Primary Health Care
- Mental Health Services
- Acute and Tertiary Care
- Insured Health Programs
- Emergency Health Services
- Continuing Care Services
- Provincial and Other Health Programs

These 7 Core businesses are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department of Health. Administrative support to these departmental functions is provided by the following branches/offices in the Department of Health:

- Communications
- Legal Services
- Health Sector Workforce/Human Resources
- Health Information Management
- F/P/T Affairs
- Financial Services
- Policy, Planning and Legislation

4.1 Population Health and Primary Health Care

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services, culture and gender. The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups. **This emphasis on population health is a priority for both the Department of Health and the Office of Health Promotion.**

Primary health care includes primary care which is the first point of contact individuals have with the health care system and the first element of a continuing care process. Primary health care includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities and coordination for access to other services and providers

Population Health and Primary Health Care provides leadership, direction and support to the following services:

Addiction Services comprise a menu of components that are available according to the individual's needs and readiness. Services are delivered by the nine District Heath Authorities (DHAs) and include:

- Withdrawal management (detoxification and treatment orientation programs)
- Community based programs (outpatients and structure treatment)
- Prevention and community education (in schools, workplaces and communities)
- Problem gambling (specialized services including prevention and education)

Public Health Services are delivered to Nova Scotians through the DHAs. The staff work in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include population health assessment, health surveillance, population health advocacy, health promotion, disease/injury prevention, and health protection.[3]

Primary Health Care provides policy and planning support to re-designing a community-based primary health care system for Nova Scotia. Changes might include for example: increasing the number of community-based primary health care organizations, more interdisciplinary teams, better linkages to other parts of the health care system and increased emphasis on health promotion. The currently operating Strengthening Primary Care in Nova

[3] The creation of an Office of Health Promotion was announced by the Government in December, 2002. Its mandate is to facilitate communication, cooperation, collaboration and action among individuals, organizations, sectors and government departments to achieve a healthier population. A separate business plan has been developed for the Office of Health Promotion.

Scotia Communities Initiative is piloting new ways to fund, deliver and manage primary care in four Nova Scotia communities using collaborative practice between nurse practitioners and physicians, electronic information systems and alternatives to fee for service payment for physicians.

4.2 Mental Health Services

The Department of Health, Mental Health Division, is responsible for standards, monitoring and funding mental health services. Mental Health services for children, youth and adults are delivered through nine District Health Authorities and the IWK Health Centre. Core Programs, across the life span, include: secondary prevention and promotion; outpatient services; acute, short stay and long term psychiatric inpatients; specialty mental health services and community supports. Services are consumer and family focused and community based where possible. Some mental health services are delivered through a shared care model.

All DHAs and the IWK Hospital provide outpatient services through 50 community based mental health clinics. Psychiatric inpatient units exist in all districts except DHA 5 where arrangements are made with DHA 4. In addition, there are a number of day treatment programs, psycho-social rehabilitation programs, and specialty mental health services. Other services include psycho-geriatrics, adult and youth forensic services, and sex offender treatment programs.

4.3 Acute and Tertiary Care

Acute or hospital care is comprised of secondary and tertiary care services delivered by the 9 DHAs and the IWK Health Centre. Acute Care is delivered in thirty-seven (37) facilities which are governed and managed by the DHAs. Funding is provided by the Department of Health in accordance with the *Canada Health Act* and the *Health Services and Insurance Act*.

Each District has community and district facilities with services that vary according to the type and level of emergency care provided, the hours of operation and access to ambulatory care provided, and the type and level of service provided to their inpatient populations. Inpatient services range from general practitioner services at the community facility level through to varied specialist services at the district level. Specialist services in district hospitals may include cardiology, respirology, gastroenterology, high risk obstetrics, otolaryngology, orthopaedics, ophthalmology, pathology, psychiatry, pediatrics, urology, plastic surgery, maxillofacial surgery, oncology, neurology, dermatology and endocrinology.

The Queen Elizabeth II Health Sciences Centre and the Izaak Walton Killam Hospital in Halifax are the two Provincial Health Care Centres (PHCCs). These centres provide specialized services such as Neurosurgery, Specialized Pediatrics, Burn ICU, Cardiac Surgery, Transplantation Programs, Cardio-Thoracic Surgery, Immunology, and Hematology, as well as all the services available in the community and district facilities. The PHCCs also provide the highest level of emergency services.

4.4 Insured Health Programs

In addition to hospital services, the Department of Health also funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the *Health Services and Insurance Act*. Under the legislation, insured physician services are those services which a qualified and licensed physician deems are medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern.

Other publicly funded health programs include Seniors and other pharmacare programs, a children's dental program, and other services for specific populations such as optometry, prosthetics and dental surgery.

4.5 Emergency Health Services

Emergency Health Services (EHS) is the division of the Department of Health which is responsible for the continual development, implementation, monitoring and evaluation of pre-hospital emergency health services for the province. Since 1995, the ambulance system has undergone a transformation from primarily a transportation system to a pre-hospital medical system with a province-wide fleet of well equipped ambulances. The ambulances are staffed by registered paramedics who perform life saving procedures and can administer a wide range of medications.

The main components of EHS are a communications centre, a ground ambulance service, an air medical transport program (EHS Life Flight), a provincial trauma program, a medical first responders program, and the Atlantic Health Training and Simulation Centre. All system components are monitored by physicians specially trained in emergency care.

4.6 Continuing Care Services

Continuing Care is a system of delivering an integrated continuum of health and social services to support the independence and well being of individuals with an identified need. Services include: nursing homes, homes for the aged, residential care facilities, small option homes, community residences, adult protection, home oxygen and acute and chronic home care services. In most cases, the need for care and support is long term, however, short term needs are also met through the home care program. The Department of Health is primarily responsible for services to seniors, but younger adults are also served through our nursing homes, home care services and adult protection programs.

The Continuing Care Program has three main components:

- Administration - Provides executive and operational management functions for Continuing Care services including planning, budgeting, human resource and support activities.
- Assessment/Coordination Services - Performs intake, assessment, service planning, resource authorization and ongoing case management functions on behalf of Continuing Care clients ensuring that appropriate services are identified, implemented and

monitored.

- Care Services - The health care and support services available to individuals through Continuing Care programs include nursing care, personal care, home support, rehabilitation, respiratory therapy services, palliative care and respite. Care may be provided in a client's home or in a facility where the client is accommodated.

4.7 Provincial and Other Health Programs

The Department of Health funds a number of arms-length agencies which plan and coordinate service delivery and standards-setting to ensure consistency and quality of care and service delivery. Agencies such as Cancer Care Nova Scotia, the Nova Scotia Trauma Program, Diabetes Care Nova Scotia and the Reproductive Care Program bring together experts in care provision to establish standards based on best practice, research evidence and stakeholder input. Through these agencies, strong networks of professionals participate in the rapid transmission and uptake of new knowledge and standards. Data are collected to enable monitoring of compliance with standards and outcomes of service delivery.

In keeping with its mission, the Department also provides grants and funding to a variety of agencies and organizations across the province to provide advocacy and specific health related services to targeted populations.

5. Priorities for 2003-2004

Department of Health priorities for 2003-2004 flow from our 5 strategic goals and are grouped by the core business area. Because of our integrated, multi-disciplinary and cross-functional approach to health service planning and service delivery, most priorities impact or flow from more than one goal and core business area.

Sections 5.1 through 5.6 contain the priorities of the Department of Health and the health system for 2003-2004. Sections 5.7 and 5.8 list priorities in strategic support areas which are broader than any single core business area - Health Information Management and Health Human Resources. These priorities describe new or renewed areas of emphasis in their respective core business areas. These are in addition to the baseline activities in each core business area as broadly described in Section 4 of this business plan.

5.1 Population Health and Primary Health Care

5.1.1 Additional Primary Health Care Nurse Practitioner Positions

During 2002-03 eight new nurse practitioner positions for Nova Scotia's primary health care system were funded to augment primary health care services currently provided and to fill a longstanding service gap in many Nova Scotia communities. DHAs will continue their development of innovative primary health care initiatives.

5.1.2 Diversity and Social Inclusion Awareness in Primary Health Care

Nova Scotia's vision for primary health care recognizes the need for primary health care services that value and respond to the "cultural, racial and spiritual experiences of individuals, families and communities." It requires that equity of access be established for those who have historically faced barriers for reasons including race, ethnicity, language and culture, understanding that these and related factors affect health.

Diversity and Social Inclusion in Primary Health Care is an initiative to raise awareness of diversity and social inclusion issues (primarily related to race, language and culture) across a broad range of stakeholders within the primary health care system. In 2003-04, the Department of Health will involve primary health care leaders and culturally diverse populations in the development of guidelines and policies that address diversity and social inclusion issues in primary health care.

5.1.3 Provincial Blood Transfusion Program

This new program will be responsible for implementing and evaluating initiatives related to transfusion therapy and alternatives to help ensure blood related products are efficiently, effectively and safely administered across the province.

The program has three initial specific objectives:

- To establish and maintain a program to optimize the utilization of blood products and their alternatives.
- To establish and maintain a surveillance program for adverse reactions and major errors related to transfusion therapy.
- To ensure appropriate standards regarding blood transfusion therapy are being implemented and maintained within health care facilities in Nova Scotia.

5.1.4 Chronic Disease Prevention Strategy Infrastructure

Understanding that chronic diseases are the leading causes of death in Nova Scotia, the Department of Health is developing a provincial Chronic Disease Prevention Strategy through the Unit for Population Health and Chronic Disease Prevention at Dalhousie University. Recommendations for action will be presented during 2003-04. Effective coordination is required during the implementation of the strategy to ensure integration within the Department, with the Office of Health Promotion, across government and around the province.

5.1.5 Primary Health Care (Phase 3) Service Planning

The Department of Health has undertaken several phases of health services planning. In 2003-04 the Primary Health Care (Phase 3) Service Planning Steering Committee will develop, pilot and initiate the implementation of a planning methodology for determining the optimum size, scope, composition and distribution of primary health care and emergency services in Nova Scotia. The goals of service integration, system sustainability and evidence-based decision-making will guide the development and application of the methodology.

5.1.6 Enhanced Home Visiting Program

The Early Childhood Development Strategy in Nova Scotia has three priority goal areas:

- establishment of a comprehensive (Public Health) home visiting program;
- stabilization and enhancement of the current child care system; and,
- development of a coordinated system of early childhood development.

Healthy beginnings is a home visiting program in which public health nurses contact the families of the 10,000 babies born in Nova Scotia annually. The expanded program includes enhanced identification and assessment of families post-natally, universal screening at birth, in-depth assessment of families identified as potentially 'at risk' and intensive home visiting for families requiring additional support. In 2003-04 public health nurses and trained community members will begin to provide these services.

5.1.7 Blood-Borne Pathogens

Human immunodeficiency virus (HIV), hepatitis B virus (HB.) and hepatitis C virus (HCF) are preventable diseases that have major health and social impact on individuals, families and communities throughout the province. While treatment modalities are different for each of these diseases, prevention strategies (such as awareness, early identification, harm reduction practices such as needle exchange program, immunization, etc.) and social support activities (such as community support) are similar for all of them. The Blood Borne Pathogens Project will facilitate a system of prevention and support services that address the needs and contribute to decreased prevalence and incidence of HIV, hepatitis B, hepatitis C and other blood borne pathogens.

5.2 Mental Health Services

5.2.1 Mental Health Strategic Directions

In early 2003, the Department of Health released its strategic direction for mental health services and standards. The standards address appropriate numbers of and qualifications for staff, timely access to emergency care and treatment, and follow-up with patients after a hospital discharge. During 2003-2004 the Department of Health will work with teams of mental health care providers and consumers to begin implementation of core service standards in key areas such as community supports and crisis services. A plan for monitoring the quality, appropriateness and effectiveness of mental health services will be developed.

5.2.2 Child and Youth Mental Health Initiatives

Two new mental health community-based treatment teams are being developed to serve children and youth who require this level of intensive service. The teams will be located at the Cape Breton DHA and at the IWK Health Centre. Addressing a longstanding gap in mental health services, they are a step-up from outpatient treatment and a step-down from inpatient services. Consultation with the new community-based treatment teams will be facilitated through the increased use of tele-health technology.

A new 12-bed residential rehabilitation treatment centre will open in Halifax in 2003. It will provide professional care and security that previously could be provided only outside Nova Scotia for most children. This centre will be available to those who require medium- to longer-term care.

5.2.3 Youth Criminal Justice Act

The new federal Youth Criminal Justice Act's proclamation has impacts for mental health services in Nova Scotia. A clinical mental health team at the Nova Scotia Youth Centre has access to the resources of the IWK mental health program and will be available to the rest of the province via telehealth services at DHA sites.

5.3 Acute and Tertiary Care

5.3.1 Osteoporosis Education and Treatment Guidelines

Health system stakeholders are involved in action planning for the recommendations made in the Report of the Provincial Osteoporosis Committee completed in 2002. Two new DEXA (Dual Energy X-ray Absorptiometry) machines, used for diagnosing osteoporosis, will become fully operational in 2003-2004. These are located in Sydney and Yarmouth. The quality assurance program required to operate the machines at a consistent and recognized level of quality across the province will be developed and implemented. As well, comprehensive education about treatment considered best practice and the appropriate use of the DEXA technology (commonly termed bone densitometry) will be provided to health care professionals across Nova Scotia.

5.3.2 MRI Access and Utilization

Magnetic Resonance Imaging (MRI) scanners are used to detect and diagnose soft tissue problems in the brain, spinal cord, heart, major blood vessels and the musculoskeletal system. Health system stakeholders will be involved in developing protocols to ensure that all Nova Scotians have reasonable access to publicly funded MRI services. These protocols will facilitate health service providers in making, transferring, receiving and processing requests for testing in an efficient manner.

5.3.3 Provincial Approach To Cardiac Health

Cardiovascular disease is one of the most common causes of death in Nova Scotia. It contributes directly to disability, work loss and premature death. Building on the success of ICONS (Improving Cardiovascular Outcomes in Nova Scotia), the Department of Health is working with a broad range of stakeholders from across the province to develop a coordinated approach to the planning and delivery of cardiac services across the province.

5.3.4 Enhanced Cardiac Care

The Department of Health will provide additional funding to enhance cardiac care in Nova Scotia. The funding will support the Capital District Health Authority's plan to add equipment, staff and other resources to give patients faster access to cardiac tests and surgeries. This investment will benefit patients in all parts of the province who use

cardiac facilities in the Capital District.

5.3.5 Wait List Strategy

Reliable and comparable information on wait lists and wait times is essential to good health care planning, service delivery and public accountability. The Department of Health is working with health providers and administrative staff from across the province to develop a coordinated and consistent approach to data collection and measurement which can be used to shorten wait lists, eliminate backlogs and identify priority equipment needs.

5.3.6 Tissue and Organ Donation

Nova Scotia is one of only two Canadian provinces without a comprehensive approach to tissue and organ donations. Evidence from other jurisdictions suggests that donation rates and health outcomes can be improved through better coordination and management of donation, retrieval and utilization.

5.3.7 Acadian and Francophone Access to French Language Health Services

Following a recent report on the availability of french language health services in Nova Scotia, the Department of Health, working with the Department of Acadian Affairs, is developing a plan to improve access to french language health services for the approximately 37,000 Nova Scotians whose first language is French.

5.3.8 Hospital Renovations

Some recent projects include a new hospital in Amherst, major renovations to Yarmouth Regional Hospital, an expansion of the Dartmouth emergency room and renovations to the Middleton Hospital to facilitate its new role. Decisions on future projects will be based on consultation with the District Health Authorities and the priorities of the Department of Health.

5.4 Insured Health Programs

5.4.1 Multi-Year Funding for Front-line Health Care

Beginning in 2003-04, the Department of Health will increase funding for hospitals and other services provided by the District Health Authorities by at least seven per cent per year. This will add almost $124 million over the next three years to support front-line health care, in addition to funding already provided for salaries and negotiated salary increases.

5.4.2 Atlantic Common Drug Review

The Atlantic Expert Advisory Committee has made recommendations on 50 new drugs since January, 2002. Nova Scotia actively participates in the project and has accepted all of the process's recommendations to date. The Atlantic Common Drug review process will continue during 2003-2004.

5.4.3 Academic Drug Detailing

Academic drug detailing provides continuing education for doctors on the most effective and appropriate use of drugs. Current efforts will be directed to new applications and extended into 2003-2004.

5.4.4 Affordable Drugs

The Department of Health is committed to keep drugs affordable for the 95,000 seniors insured through the provincial Pharmacare program. In 2003, a significant investment will freeze the premium and co-pay at current levels. Also, seniors will no longer pay more than $30 toward the cost of an individual prescription.

5.4.5 Physician Alternative Funding

Alternatives to the traditional fee-for-service approach to physician remuneration are being developed. Negotiation of alternative funding arrangements with academic components in the Capital DHA and IWK Health Centre is nearing completion. The Department is working with the DHAs, Dalhousie University, and the Medical Society of Nova Scotia to ensure effective service delivery and efficient resource utilization through alternative funding arrangements.

5.4.6 Patient Safety

Safety concerns within health care systems are the focus of significant international attention. While advancing technology has afforded great improvements in our ability to prevent, diagnose and treat disease, the increasingly complex nature of health care has also increased the likelihood of errors and failures. Although most health care encounters are free of mishaps, perfection is not possible. To augment the considerable emphasis placed on safety by our health care provider organizations and professionals, unified national and provincial efforts to minimize unplanned and undesired harmful occurrences are warranted.

Within its overall framework for quality, the Department of Health will identify priority action on issues of patient safety and continue to participate in national action planning.

5.5 Emergency Health Services

5.5.1 EHS Legislation

A major priority for EHS in 2003-2004 is the establishment of a legislative framework for all aspects of emergency health services delivery in Nova Scotia

5.6 Continuing Care Services

5.6.1 Consultation on Services to Seniors

In 2003-04 the Department of Health will consult on the options and services available to seniors, how they can most effectively be delivered, and what regulations are appropriate to protect seniors. This work will guide decisions on growth and delivery of services for seniors, as well as lead to changes in the Homes for Special Care Act.

5.6.2 Single Entry Access to Continuing Care Services

In 2000, the Department of Health began coordinating the wait list for nursing- home and residential-care beds through the Single Entry Access initiative. Building on the single entry access management information system, decision support capability will be further developed to assist in ongoing planning and monitoring of continuing care services to clients.

5.6.3 Challenging Behaviors in Continuing Care Setting

Some residents of long term care facilities suffer from dementias and other diseases that can give rise to challenging behavioural issues. They can hurt themselves, or may hurt people around them. A complete review and assessment of the Challenging Behavior Working Group Report and accompanying stakeholder input will be undertaken and program enhancements begun during 2003-2004.

5.6.4 Health Services Planning (Phase II)

The evidence-based methodology for determining the optimum size, scope and distribution of continuing care services across Nova Scotia will be finalized.

5.6.5 Long Term Care System Management

The Department of Health will continue development of a multi-faceted approach to matching resources in nursing homes to the needs of residents. This will include the continuation of all additional exemptions approved by Government in November 2002 for financial assessments. In 2003-04 the Department of Health will take the next steps in a multi-year plan to reduce the daily rate that some seniors now pay in nursing homes.

5.66 Palliative Care

A provincial steering committee and several working groups have been established to develop a provincial approach to delivering palliative care services to Nova Scotians. A service delivery model based on national standards and previous work in rural palliative home care will be developed during 2003-2004. Implementation will involve collaboration amongst DHA-based palliative care providers, family physicians, and continuing care providers.

5.7 Health Information Management

5.7.1 Health Information Policy and Privacy

Canada Health Infoway is partnering with the Nova Scotia Department of Health to develop a "privacy toolkit" for use in the development of electronic health records across Canada. Nova Scotia is developing a health information privacy framework for use in hospitals and other health service delivery venues.

5.7.2 Electronic Health Records

The importance of strategic investment in the development and implementation of the electronic health record (EHR) has been recognized in both the Romanow and Kirby reports and in the First Ministers' Health Accord.

A comprehensive hospital information system will enable the health records of Nova Scotians to travel with them wherever they access hospital-based care in the province. The Nova Scotia Hospital Information System (NShIS) will implement clinical information systems across the province to enable health care providers to access the information they need to provide quality health care. Following the system's implementation in the Guysborough/Antigonish/Strait Health Authority, the system will be expanded to Cape Breton during 2003-2004.

5.7.3 Health System Performance Measurement

Accountability is an important part of the Health Accord which Nova Scotia fully supports. Among other accountability and progress reports on the Department's web site, Nova Scotia participated in a nation-wide reporting project which resulted in the publication of "Reporting to Nova Scotians on Comparable Health and Health System Indicators" (www.gov.ns.ca/health/pirc/) in 2002. The Department of Health will undertake to produce more focused reports in the near future.

In collaboration with health system stakeholders, the Department will develop a more detailed and Nova Scotia-specific health indicators report for publication in 2003. Among other things, the report will include information on wait times for several key health services.

5.8 Health Human Resources

Both the Romanow and Kirby reports highlighted health human resources as one of the biggest challenges facing the Canadian health system. Nova Scotia places a high priority on health human resource planning initiatives in areas of recruitment, retention, retraining of health care professionals.

5.8.1 Nursing Strategy and Enrollment Increase

The Nursing Strategy includes intiatives to support recruitment, retention and renewal of the nursing workforce in Nova Scotia. A continued focus on orientation, continuing and specialty education, enhanced recruitment efforts and appropriate workforce utilization will help address the major challenges for nursing.

In 1999, the government began funding an additional 75 nursing seats each year. As a result, 187 nurses will graduate in 2003, more than double the number in 1998. Another 50 to 60 seats will be added in 2003-2004, half in the joint program at St. Francis Xavier University and the University College of Cape Breton, and half in the new accelerated nursing program at St. Francis Xavier. St. FX will also begin a bridging program to allow licensed practical nurses to become registered nurses more quickly.

5.8.2 Medical Laboratory Technologists

Nova Scotia needs more medical laboratory technologists. In 2003-2004, Nova Scotia will purchase additional seats in the program offered through the New Brunswick Community College system and will offer these Nova Scotian students bursaries of $4,000 in each year of the 2-year program of studies. Other options for meeting this need will be identified and explored during 2003-2004.

5.8.3 Medical School Enrollment Increase

Eight new seats will be added to the first-year class at the Dalhousie Faculty of Medicine in 2003-2004. The Department of Health is working closely with the Faculty of Medicine at Dalhousie University to develop a long term plan for continued enrollment growth in accordance with the needs of Nova Scotians.

5.8.4 Physician Resource Planning

Nova Scotia's Physician Resource Planning Steering Committee has completed the development of a methodologically robust and flexible approach to physician service planning across the province. Consultations on the approach and application will be carried out during 2003-2004, resulting in the implementation of a provincial physician resource plan.

6. Budget Context

	Estimate 2003/04
Departmental Administration	**$28,386,000**
Emergency Health Services	**$65,624,000**
Medical Payments	**$427,194,000**
Pharmacare Program	**$95,692,000**
Other Insured Programs	**$33,889,000**
Revenue and Recovery	**($27,554,000)**
Other Health Initiatives	**$88,576,000**
Other Programs	**$21,046,000**
District Health Authorities	**$1,029,916,000**
Medical Equipment Trust Fund	**$0**
Care Coordination (Home Care)	**$25,894,000**
Home Care Services	**$100,749,000**
Long Term Care Program	**$222,542,000**
Capital Grants	**$1,500,000**
Total	**$2,111,454,000**
Funded Staff DoH Staff (FTE's)	**661**
Less: Staff Funded by External Agencies	**(8.7)**
Total DoH Provincially Funded Staff	**652.3**

7. Performance Measures 2003-2004 Business Plan

In September 2000, First Ministers of Health in Canada issued a *Communiqué on Health* in which they agreed to provide clear accountability reporting to Canadians. As previously mentioned, the Nova Scotia Department of Health published *Reporting to Nova Scotians on Comparable Health and Health System Indicators* in September, 2002. Similar publications, in which all provinces and territories report on the same measures in the same way will be repeated in future years. The Department has also produced an annual accountability report which reflects back on its previous business plan and outlines progress which has been made towards achieving stated goals and targets. More accountability reporting on health and health care is planned for the future.

For this business plan, the Department of Health has selected measures and corresponding targets which are consistent with national reporting requirements and portray activity across the span of its core business areas. They will be included in the annual accountability report. Some of these measures are shared with the newly established Office of Health Promotion. In future, measures may be shared or transferred between the two.

The move towards national consistency in reporting has required some change in measures over the years. Those cases in which changes from the previous year's business plan exist are noted. In most cases this reflects relatively small variations in definition or data. The Department of Health will continue to participate in the development of nationally comparable information and refine its measures accordingly.

Core Business Area: Population Health and Primary Health Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Population Health				
Healthy babies, children and families	▸ percentage of women breastfeeding at hospital discharge	baseline 65% (2000) 66.8% (2001)	73%	Develop policy recommendations to facilitate the creation of conditions in which all women will be supported in their efforts to breastfeed their babies.
	▸proportion of non-smoking population regularly exposed to environmental smoke**[4]	baseline 32.2% (00/01)	decrease to Canadian average of 27.6% or less (00/01)	Continue to implement the Comprehensive Tobacco Strategy.

[4]The measure includes the home environment as well as public and work places to reflect consistency with national reporting (2001-2002 business plan did not include the home environment)

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting

Core Business Area: Population Health and Primary Health Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Reduction in risky behaviour	▸percentage of youth who smoke**[5]	baseline 18.9% (98/99) 18.9% (00/01)	decrease	Continue to implement the Comprehensive Tobacco Strategy including: support to new nicotine treatment staff and tobacco coordinators ongoing production of school-based tobacco prevention resources public awareness campaign
	▸percentage reporting Body Mass Index in excess of the healthy range**	baseline 54.8% (98/99) 55.2% (00/01)	decrease over time	Promote healthy eating and physical activity promotion through local public health services. Collaborate with the NS Alliance for Healthy Eating and Physical Activity
	▸population 12 yrs and over who report being active less than once per week or never**	baseline 51.9% (98/99) 52.6% (00/01)	to be established consistent with national target for 2010	Collaborate with Dept of Education in addressing curriculum revision and to facilitate physical fitness and recreation in schools

[5]Data source changed from 2001-2002 business plan to reflect consistency with national reporting

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Core Business Area: Population Health and Primary Health Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Decrease in diseases which can be prevented by vaccine	▸ population over 65 who report having a flu shot in the past year ** [6]	baseline 58.3% (96/97) 66% (00/01)	80%	Immunization for prevention of influenza is a key public health intervention. Continue to increase coverage through collaboration with other agencies, increasing the number and variety of public health services clinics, continuance of the annual public awareness campaign and continued work with professional groups (such as Pharmacy Association, Medical Society and others)

[6] Data source changed from 2001-2002 business plan to reflect consistency with national reporting

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Core Business Area: Population Health and Primary Health Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Primary Health Care				
Improved access to teams of primary care providers	•number of approved nurse practitioner positions in primary health care settings	baseline 4 (01/02) 13 (02/03)	to be determined	Complete planning for the development of a renewed, community-based primary health care system for Nova Scotia* including: •ongoing support to nurse practitioner education program •support for the new primary health care nurse practitioner positions in the District Health Authorities. •continued development of innovative primary health care organizations with the District Health Authorities.

* Measures related to the initiative are under development and, in future, may include measures that reflect distribution of multi-disciplinary primary care organizations or teams across the province and mechanisms in place to support practitioners working within multi-disciplinary environments

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Core Business Area: Emergency Health Services				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Access to quality emergency health services	▸percent response times from ambulance dispatch to arrival at the emergency scene was 9 min. or less	baseline 66% (00/01) 67% (01/02)	68%	Continue to improve monitoring and feedback to staff for the purposes of refining processes Maintain training and ongoing procedural review and development.
	▸survival rates for out of hospital cardiac arrests	baseline 6.9% (2000) 5.3% (2001)	6.9%	

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Core Business Area: Insured Health Programs				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Appropriate number and distribution of health care providers	▸health human resource positions filled in under served areas	baseline 85% (2002)	80% or higher	Continue to support physician recruitment initiatives throughout the province. In support of the development of a provincial physician resource plan, conduct consultations on the approach and application of the physician services planning methodology.

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting

Core Business Area: Mental Health Services				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Maintain persons with serious mental health problems in their communities	▸ number of clients with serious mental health problems treated outside of inpatient hospital settings	baseline (00/01) adults 1886 children & youth 760 (01/02) adults 1571 children & youth 732	2283 920	Mental health system standards stressing community supports and outpatient services were approved in 2002/03. Guided by the standards, initiatives to address the high needs of persons with serious and persistent mental illness across the lifespan will be implemented over the next few years.
	▸ average number of community-based visits for clients with serious mental illness	baseline (00/01) adults 14.5 children & youth 5.0 (01/02) adults 14.3 children & youth 4.7	15.5 6.0	
Responsive services to persons who require hospitalization	▸proportion of all patient days spent in hospital accounted for by patients with serious mental illnesses	baseline 71% (00/01) 70.3% (01/02)	75%	Initiatives to support better emergency and outpatient support will allow hospital resources to be focused on those persons with the most severe mental illness.

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting

Core Business Area: Acute and Tertiary Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Access to quality hospital services	▸hospitalizations of people age 65 or older for pneumonia and influenza	baseline 1,538 per 100,000 population (98/99) 1,312 (00/01)	reduce to levels below or consistent with the Canadian average 1,241 per 100,000 (99/00)	Continue to work towards increased coverage of population over 65 receiving immunization against pneumonia and influenza.

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting

Core Business Area: Acute and Tertiary Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
	▸number of total knee replacement surgeries**[7]	baseline 93.6 per 100,000 population (98/99) 99.1 (99/00)	no lower than the Canadian average 65.6 per 100,000 (99/00)	Nova Scotia has achieved levels well above the national average. Continue to review ongoing requirements and service utilization.
	▸number of total hip replacement surgeries**[8]	baseline 79.3 per 100,000 population (98/99) 76.4 (99/00)	no lower than the Canadian average 59.5 per 100,000 (99/00)	

[7]Data source changed from 2001-2002 business plan to reflect consistency with national reporting

[8]Data source changed from 2001-2002 business plan to reflect consistency with national reporting

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Core Business Area: Acute and Tertiary Care				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Best use of inpatient hospital services	▸proportion of people admitted to hospital for conditions where appropriate outpatient care may prevent the need for hospitalization# **[9]	baseline 484 per 100,000 population (98/99) 450 (99/00)	no higher than the Canadian average 401 per 100,000 (99/00)	Continue to monitor effective utilization of hospital beds and review opportunities to use outpatient services most effectively

referred to as *Ambulatory Care Sensitive Conditions* by Canadian Institute for Health Information

N.B. a measure included in 2002-2003 business plan has been removed because of data accuracy variations: percent of people admitted to hospital for conditions or procedures that experts say often allow outpatient treatment instead (referred to as *May Not Require Hospitalization* by Canadian Institute for Health Information)

[9]Data source changed from 2001-2002 business plan to reflect consistency with national reporting

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Core Business Area: Continuing Care Services				
OUTCOME	**MEASURE**	**DATA**	**TARGET 2004/05**	**STRATEGIES to Achieve Target**
Access to quality Home Care and Long Term Care Services	▸amount of time clients wait for service	data will be available for - long-term care in 03/04 -home care in 04/05	to be determined from baseline data	Refine the Single Entry Access decision support system as established in 2002-03.
	▸estimated percent of population (age 18 or over) receiving homemaking, nursing or respite services**	2.6% (00/01)	to be determined	Continue to collaborate with all other provinces across Canada to track and analyse information in a consistent and meaningful way.

Confidence intervals for any of the data reported in this document are available from the Department of Health.

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting